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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)
☒ Declaration Submitted With Initial Filing
 OR
 ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PKRZ 2 00816 PCT

First Named Inventor Van Zijl, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROVASCULAR BLOOD VOLUME MAGNETIC RESONANCE IMAGING

(Title of the Invention)

the specification of which

☐ is attached hereto.

OR

☒ was filed on (MM/DD/YYYY) 08/26/2003 as United States Application Number or PCT International

Application Number PCT/US03/26580 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: <u>Xavier (nmil)</u>				Family Name or Surname: <u>GOLAY</u>	
Inventor's Signature: <u>[Signature]</u>				Date: <u>8-16-05</u>	
Residence: City: <u>BALTIMORE</u>		MD State	US Country	CH Citizenship	
Mailing Address: <u>1129 William Street</u>					
Mailing Address: <u>BALTIMORE</u>					
City: <u>BALTIMORE</u>		MD State	21230 ZIP	US Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:				Family Name or Surname:	
Inventor's Signature:				Date:	
Residence: City:		State:	Country:	Citizenship:	
Mailing Address:					
Mailing Address:					
City:		State:	ZIP:	Country:	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:				Family Name or Surname:	
Inventor's Signature:				Date:	
Residence: City:		State:	Country:	Citizenship:	
Mailing Address:					
Mailing Address:					
City:		State:	ZIP:	Country:	

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 27,885 OR ☐ Correspondence address below

Name Thomas E. Kocovsky, Jr.
FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP
Address 1100 Superior Avenue, Seventh Floor
City Cleveland State OH ZIP 44114
Country US Telephone 216/861-5582 Fax 216/241-1666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☒ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Peter C.M. Family Name or Surname VAN ZIJL Date 08/18/03
Inventor's Signature

Residence: City ELLICOTT CITY State MD Country US Citizenship NL

Mailing Address 7712 Millstone Ct.
City ELLICOTT CITY State MD ZIP 21043 Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Hanzhang (nmi) Family Name or Surname LU Date 08/18/03
Inventor's Signature

Residence: City BALTIMORE State MD Country US Citizenship CN

Mailing Address 4403 Falls Bridge Dr. Apt F
City BALTIMORE State MD ZIP 21211 Country US

☒ Additional inventors or a legal representative are being named on the ONE supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.